was made into the abscess under the trapezius, with antiseptic precautions, and about $2^1/_2$ ounces of pus let out. This relieved the breathing, and it was hoped that the other abscess would empty itself through this.

On May 4, (sic) at 1:30 A. M., he had become much worse; the breathing entirely stopped for a few moments, and artificial respiration was requisite in order to bring him round. Examination with the laryngoscope revealed a large amount of œdema of the right side of the pharynx and tongue, and a swelling on the same side involving the whole of the right right side of the pharynx, and projecting beyond the middle line. This was incised and about 2 ounces of fœtid pus escaped. The symptoms were at once relieved, and when the patient spoke it was with a voice which was now full and clear. A mixture of iodide of potassium was subsequently ordered and convalescence followed, the abscesses having healed soundly by the 27th.—*Lancet*, Oct. 9, 1886.

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CHEST AND ABDOMEN.

I. The Treatment of Tubercular Peritonitis by Incision.

This method of treatment has been gradually developed from observation of the improvement in such cases following exploratory incision. The more recent writers only claim for it the rank of palliative treatment. Such relative cures from opening the abdomen and removing the transudation have been reported by Spencer Wells (one case operated in 1862), Dohrn (1), Naumann (2 in 4 cases) Hegar (2), Lindfors (1), Deal na-Schröder (1), König (4), Homans (1), and Poten-Hartwig[a] (1). Two further cases are given by F. Schraz,[b] and one operated on the same plan by Hofmokl.[c] One of Schwarz's cases was operated at Billroth's clinic in 1884 and is still well. In the other, from Breisky's clinic, a previous puncture had given but very temporary relief. Here incision with toilet of the abdominal cavity has been followed by great general improvement without further local manifestations for the few weeks that have elapsed.

Wien. Med. Wochr., 1887, Nos. 11,[a] 13, 14, 15,[b] and 16.[c]

In these seventeen cases there has been no recurrence of the transudation. In Hofmokl's case, however, some fluid collected again—a trial puncture preceded the laparotomy—yet the patient lived six months in comparative comfort.

All these cases were in women. In most of them the incision was made for diagnostic or other purposes. Doubtless the results thus gained are too favorable for an average, as successes of this kind would be much oftener published than failures. The patients' ages ranged from 4 to 57 years, mostly from 17 to 33 years. One patient (Well's) lived 10 years; others were alive and, from relapse four, two, one and a half down to one-fourth years after the operation. These results are denominated "relative cures."

The best results have been obtained by complete removal of the exudation and exact suture of the wound. The few treated by drainage were long bothered by secreting fistulæ. No difference is noted from the various ways of disinfecting.

In several of the cases the true nature of the trouble was confirmed by the microscope (bacilli, etc.). As yet there seems to be considerable difficulty in making a positive diagnosis before any operative interference.

Schwarz puts forth the following indications, where the diagnosis of peritoneal tuberculosis is certain, palliative incision is preferable to the customary puncture.

The transudation is to be removed as fully as compatible with gentle means, best by dry methods. This is to be followed by disinfecting toilet of the peritoneum and exact closure of the opening.

From analogy with surgical treatment of the various forms of tuberculosis, youthful age is no contraindication. Pulmonary affections, when not too far advanced, are rather indications for the operation than otherwise, since the diaphragm and hence respiration is thus relieved, and from experience such patients are then found to improve. Where the diagnosis is uncertain, exploratory incision is indicated.

II. On the Behavior of the Gut After Separation from Its Mesentery. By Dr. D. G. ZESAS. Since Madelung's refer-